

Cambodia has made great progress in child and maternal health over the past two decades but poor nutrition threatens further progress.

Key Recommendations

World Vision calls for the Royal Government of Cambodia to:

- Strengthen Cambodia's multi-sectoral approach to nutrition
- Scale-up key interventions that improve the nutritional status of children in their first 1,000 days of life
- Improve the understanding of malnutrition among Cambodians in order to reduce negative behaviours and build upon the progress made in exclusive breast feeding

Malnutrition is the underlying cause of one third of child deaths globally¹, contributing to child mortality by making children more vulnerable to infection and disease. Between 1990 and 2011 in Cambodia, child mortality decreased by over 60%², and maternal mortality decreased by 70%³. This means the Kingdom is on track to meet both Millennium Development Goals 4 and 5.⁴

However, up to 40% of children under-five are stunted and there has been no demonstrable reduction in stunting rates in Cambodia since 2005.⁵ Also showing an equity gap, stunting is more common in rural areas (42.2%) than urban areas (27.5%), and is least common among children of more educated mothers and those from wealthier families.⁶

Why is malnutrition prevalent?

It is often thought that malnutrition is simply the result of not having enough food; however a child (or adult) may have enough food to eat, but still be poorly nourished. To remain well nourished, children must have the *right foods at the right times*; they must also receive the necessary health care (vaccinations and checks) and have access to clean water and sanitation to protect them from disease and infection.

A primary cause of malnutrition in Cambodia is diarrhea as result of poor sanitation in households and the community. When a child experiences repeated bouts of diarrhoea, accompanied by food that has low nutritional value, they can become chronically malnourished.

Chronic malnutrition results in stunting (when a child's growth and development is impaired). Stunting has lifelong (irreversible) impacts on physical and cognitive development and can reduce a country's productivity and economic growth, as well as adding considerable

costs to national health care.⁷ The World Bank estimates that individual productivity losses in Cambodia are about 10% of lifetime earnings and that vitamin and mineral deficiencies alone cost the country over US\$140 million each year.⁸

Malnourished children are especially vulnerable to infection and disease, threatening further reductions in child mortality. Anemia amongst pregnant women is also extremely high (52%), which can result in premature deliveries, and low birth weight for babies.⁹ Between 2005 and 2009, 11% of babies in Cambodia were born with low birth weight (less than 2,500 grams at birth).¹⁰

Further education and behavior change amongst parents and households is required to improve diet and feeding practices. Cambodia has achieved significant increases in rates of exclusive breastfeeding¹¹ and early initiation of breastfeeding (within the first hour after giving birth)¹². Early initiation and exclusive breastfeeding is essential for good nutrition in a child's first 1,000 days of life.

Opportunities for progress

Nutrition as a multi-sectoral issue: As well as implementing direct nutrition interventions, addressing malnutrition requires the concerted attention across a range of sectors, including agriculture, education, sanitation, water, and primary health care. Cambodia can strengthen this multi-sectoral approach that integrates the different activities that impact nutrition. This requires accountability and consistency in policies across responsible government ministries.¹³ For example, agricultural and food security programs can increase access to foods that are nutrient rich, and

including nutrition education in school curricula can increase good nutrition practices in households.

Increase consumption of highly nutritious and fortified foods: Citizen intake of micro-nutrients can be increased through the consumption of fortified foods. Food fortification is the addition of vitamins and minerals to food during manufacturing and brings about improved nutrition with little risk or changes to food preparation practices. The potential impact of fortification has been seen by the widespread consumption of iodized salt in Cambodia, which leads to improved brain development and maternal health.¹⁴

Improving nutrition in the ‘First 1,000 Days’: Research shows that the nutritional status of women at the time of conception and during pregnancy is critical, both for the health of the mother and for ensuring healthy fetal growth and development.¹⁵ The first 1,000 days of a child’s life, from pregnancy until age two, is a window of opportunity for child development. During this time, a child needs exclusive breastfeeding up to six months, complementary feeding, adequate iron and other vitamins. However, mothers and children face many challenges during this critical time of development, including social and economic pressures that undermine good nutrition practices.

Government responses

Improving food security and nutrition is considered a priority of the Royal Government of Cambodia.¹⁶ The *National Strategic Development Plan (NSDP) 2009-2013* identified key policy priorities and actions to improve food security and nutrition through various sectors. The development of the forthcoming *National Food Security & Nutrition Strategy 2014-2018 (NFSNS)* should reinforce this commitment and further strengthen a multi-sectoral approach to nutrition. The inclusion of nutrition as a priority issue in the NSDP 2014-2018 is yet to be confirmed but is necessary to ensure accountability of responsible government ministries and adequate budget allocation.

World Vision calls on the Royal Government of Cambodia to:

Strengthen Cambodia’s multi-sectoral approach to nutrition:

- Prioritize implementation of the National Food Security & Nutrition Strategy (NFSNS 2014-2018) and increase accountability of Council for Agricultural and Rural Development (CARD) and member ministries.

- Ensure the NFSNS 2014-2018 is allocated sufficient financial resources to be fully implemented.

Scale-up key interventions that improve the nutritional status of children in their first 1,000 days of life:

- Enforce *Sub-decree 133 on the Marketing of Products for Infant and Young Child Feeding* by establishing a functional monitoring authority for the advertising, retailing and promotion of breast-milk substitutes.
- Effectively address child diarrhoea by investing in improved sanitation for rural communities and informal urban settlements, and implementing policies that prevent and treat diarrhoea (including scaling-up zinc supplementation and oral rehydration solution at community level).
- Increase consumption of fortified foods to address micronutrient deficiencies by passing a new sub-decree for iron fortification of soya and fish sauce.
- Undertake a national consumption survey to identify new effective vehicles for micro-nutrients.

Improve the understanding of malnutrition among Cambodian citizens:

- Build upon the progress made in exclusive breastfeeding by continuing to fund education and behavior change programs on complementary feeding practices.
- Ensure regular education and outreach by community healthcare workers and schools to include nutrition education and promotion.

1 R E Black, L H Allen, Z A Bhutta, et al (2008). Maternal and Child Under-nutrition: Global and Regional Exposures and Health Consequences, *The Lancet* (2008) Jan 19, 371 (9608), pp. 243-60.

2 UNICEF (2012). *Committing to Child Survival: A Promise Renewed*. Progress Report.

3 WHO, UNICEF, UNFPA, & World Bank (2012) *Trends in Maternal Mortality: 1990-2010*.

4 MDG 4 is to reduce child mortality by two-thirds and MDG 5 is to reduce maternal mortality by three-quarters by 2015.

5 Cambodia Demographic and Health Survey (CDHS) 2010.

6 Countdown to 2015 (2013). *Accountability for Maternal, Newborn and Child Survival: The 2013 Update*.

7 IFPRI, 2012; SUN (2010); Unicef (2009); de Onis et al. (2000); Kikafunda et al.(1998); Yoon et al.(1997); Victora et al. (2008); Czernichow et al. (2006); Alderman et al. (2006); Kar et al. (2005).

8 Dixon, A, Gooding, M & Richards, P. (2012) *Better nutrition, better future*, Phnom Penh Post.

9 Countdown to 2015 (2013). *Accountability for Maternal, Newborn and Child Survival: The 2013 Update*.

10 CDHS 2010.

11 The CDHS 2010 illustrates that exclusive breastfeeding is becoming common practice with more than 70% of children under 6 months of age being exclusively breastfed, compared to 60% in 2005.

12 From 35% in 2005 to 65% in 2010 UNICEF (2012) - *Children in an Urban World*.

13 World Bank (2013) *Improving Nutrition Through Multi-sectoral Approaches*. 14 CDHS 2010.

15 *The Lancet* (2013) *Maternal and Child Nutrition series*.

16 Porny, Y (2012) *Working towards a national food security and nutrition communication strategy*.